



CCCAA STUDENT-ATHLETE FORM 2 TRANSFER FORM

TO:
Athletic Eligibility/Compliance
Email or Fax:

RETURN TO: AniSurei Escalera, Athletic Eligibility Specialist
Mt. San Antonio College Phone: 909.274.5113
Email: aescalera@mtsac.edu Fax: 909.274.2998

SECTION 1: Student Information

NAME OF PREVIOUS
INSTITUTION:

CITY & STATE:

PRINT FULL NAME:

DATE OF BIRTH:

SIGN:

DATE:

SECTION 2: To be completed by previous institution

The California Community College Athletic Association (CCCAA), member Conferences and institutions review the eligibility record of all students who transfer to member institutions from other colleges and universities. We are asking for your cooperation in securing the following information, for the student mentioned above, who has indicated previous attendance at your institution.

Was the student enrolled and attending class? Yes ☐ No ☐ If yes, dates From _____ To _____
Was the student enrolled in and attending an intercollegiate athletics class? Yes ☐ No ☐ If yes, dates From _____ To _____
Did the student transfer to your institution? Yes ☐ No ☐ Unknown ☐

If yes, please list the student's previous institution(s) below

Did the student participate in intercollegiate athletics practice at your institution? Yes ☐ No ☐

Did the student enroll and participate in an intercollegiate athletics class at your institution? Yes ☐ No ☐

Did the student compete in intercollegiate athletics at your institution? Yes ☐ No ☐

If yes, please indicate the sport and year(s) of participation (including non-championship season scrimmages):

Sport	_____	YR/S	_____	_____	_____	_____
Sport	_____	YR/S	_____	_____	_____	_____
Sport	_____	YR/S	_____	_____	_____	_____
Sport	_____	YR/S	_____	_____	_____	_____

Did the student use a "red shirt" year at your institution? Yes ☐ No ☐

If yes, sport and academic year _____

Did the student receive a medical hardship at your institution? Yes ☐ No ☐

If yes, sport and academic year _____

Would this student have been academically eligible had he/she remained at your institution? Yes ☐ No ☐

Would this student have been athletically eligible had he/she remained at your institution? Yes ☐ No ☐

Signature of Person Completing Form _____

Name and Title of Person Completing Form _____

Date _____

Contact Number _____

PLEASE INCLUDE UNOFFICIAL TRANSCRIPTS, IF POSSIBLE

(9/22/15)